

PERSONAL HISTORY STATEMENT



62nd CADET CLASS

Applicant Name:

Last Name

First Name

MI

PERSONAL HISTORY STATEMENT

This packet is essential to your application process. **Please read it carefully and take the time necessary to completely answer every question as accurately as possible.**

This document is intended for us during the background investigation stage of the selection process, but all information collected may be used at any time during the hiring process and/or after employment if the applicant is selected for a Cadet Game Warden position.

CAUTION: An investigation will verify all information supplied on this form.

The applicant is to fully and accurately complete each section of this document. **No person other than the applicant is to write or make notations anywhere on this form.** The applicant must type or print legibly.

Do not leave any space blank. If a section does not apply enter or mark "N/A" in the space. Blank sections or omissions may be considered a "failure to disclose" if information is discovered or reported after this document is submitted. Once this document is received by the game warden academy, it will become the property of the Texas Parks and Wildlife Department, and will **not** be returned to the applicant.

Attach additional pages if needed to fully and accurately respond to **ALL** items in this document.

WARNING: Concealing information, failing to fully disclose all information or attempts to deceive by exclusion, omission or any other means, or failure to provide requested information within stated time frame of the hiring process may result in any of the following consequences:

- A) Disqualification of the applicant from consideration for employment;
- B) Removal of the applicant's name from any eligibility list;
- C) Removal of the applicant's name from any competitive list of candidates; or
- D) if employed, termination of employment with the Texas Parks and Wildlife Department.

Documents needed: AFTER this form is completed and submitted, an interview may be scheduled. Those applicants referred to the background investigation stage of the hiring process after the interview must submit the following documents **before a background investigation will be started:**

- Official college transcript showing degree type and date (must be an original transcript, not a duplicate or photocopy);
- All DD214's (Member 4 Copy) if applicable;
- Verification of U.S. Citizenship (Birth Certificate or Naturalization Documents);
- Credit report not older than 180 days from one of the following credit reporting services: Equifax, Experian, or Trans-Union;
- Official copy of marriage dissolutions papers, if applicable;
- Copy of valid driver's license;
- Copy or proof of vehicle insurance, if insured.

SECTION A: Personal Information (Used for identification purposes only)

Name :		Date of Birth:	
	Last	First	MI
Permanent Mailing Address:			
	City	State	Zip Code
Email Address:		Cell Phone:	
Home Phone:		Work Phone:	
Current Driver License:		Social Security Number:	
	State	Driver License Number	
Height :	Weight:	Hair Color:	Eye Color:
Place of Birth:			
	City	County/Parish	State
Aliases: Nicknames, Maiden Name, or Other names by which you are known:			

Identifying Marks: Scars, tattoos, or other distinguishing marks and location of marks:

How many times have you previously applied for the position of Cadet Game Warden?

If you answered the question above, was a background investigation completed? ☐ Yes ☐ No

SECTION B: Education History

1. Undergraduate College or University Conferring Degree:

Name :			
Address:			
	Street Address	City	State Zip Code
Major :	Minor:		

Graduation
Date:

Degree Received:

2. Undergraduate College or University:

Name
:

Address:

Street Address

City

State

Zip Code

Major
:

Minor:

Graduation
Date:

Degree Received:

3. Other Colleges/Universities Attended:

Name
:

Dates Attended:

Hours Completed:

Name
:

Dates Attended:

Hours Completed:

4. Were you ever on academic probation?: ☐ Yes ☐ No

5. If yes, explain why:

SECTION Residential History
C:

List **ALL** residences where you have lived during the past 10 years. Begin with your present address. If you were renting, list the name of the landlord or the name of the apartment complex and manager's name. Attach extra sheets if necessary.

1. From: _____ To: Present Apt. Name: _____

Address:

Street Address

City

State

Zip Code

Manager/Landlord Name: _____ Phone Number: _____

2. From: _____ To: _____ Apt. Name: _____

Address: _____
Street Address City State Zip Code

Manager/Landlord Name: _____ Phone Number: _____

3. From: _____ To: _____ Apt. Name: _____

Address: _____
Street Address City State Zip Code

Manager/Landlord Name: _____ Phone Number: _____

4. From: _____ To: _____ Apt. Name: _____

Address: _____
Street Address City State Zip Code

Manager/Landlord Name: _____ Phone Number: _____

5. From: _____ To: _____ Apt. Name: _____

Address: _____
Street Address City State Zip Code

Manager/Landlord Name: _____ Phone Number: _____

6. From: _____ To: _____ Apt. Name: _____

Address: _____
Street Address City State Zip Code

Manager/Landlord Name: _____ Phone Number: _____

SECTION D: Military Record (Attach all DD214's as directed in the instructions)

Have you served in any military organization?: ☐ Yes ☐ No (if you answered no, skip to Section E)

Branch: _____ Date & Type of Discharge: _____

Duty Stations:				
From	To	Location	Rank	Job Duties
Were you ever disciplined while in any military service?: <input type="checkbox"/> Yes <input type="checkbox"/> No (Include court-martials, Captain's Masts, Company Punishment, Article 15, Etc.)				
If yes, provide the following information:				
1. Charge: _____ Date: _____				
Location: _____				
Commanding Officer Name and Rank: _____				
Explanation of Circumstances: _____				
Disposition: _____				
2. Charge: _____ Date: _____				
Location: _____				
Commanding Officer Name and Rank: _____				
Explanation of Circumstances: _____				
Disposition: _____				
SECTION E: Driving Record				
List and describe all traffic accidents in which you have been involved in the last 5 years . Giving dates, locations, and full explanation of the circumstances. Attach additional pages if needed.				

1. Date: _____ Location: _____
Explanation of Circumstances:
2. Date: _____ Location: _____
Explanation of Circumstances:
3. Date: _____ Location: _____
Explanation of Circumstances:
4. Date: _____ Location: _____
Explanation of Circumstances:
5. Date: _____ Location: _____

Explanation of Circumstances:

Has your driver's license **ever** been suspended or revoked?: ☐ Yes ☐ No

If yes, fully explain (Include date, city/county/state, offense or reason for revocation):

List **ALL STATES** in which you have held a driver's license in the **last 10 years**.

State: _____ D.L. #: _____ Dates: _____

State: _____ D.L. #: _____ Dates: _____

State: _____ D.L. #: _____ Dates: _____

Do you have automobile insurance?: ☐ Yes ☐ No

If yes, provide the following information:

Name of Insurance

Company: _____

Policy Number: _____ Dates of Coverage: _____

If no, explain:

List **ALL** traffic citations, arrests, charges and convictions you have received in the **last 5 years**, including moving or equipment related offenses, and including citations which have been dismissed or satisfied through defensive driving courses. **DO NOT INCLUDE PARKING TICKETS**. Attach additional pages if needed.

Date	Charge	Where ticket was issued	Issuing Agency	Final Disposition
------	--------	-------------------------	----------------	----------------------

Have you **ever** been arrested, charged with, or convicted of DWI (Driving While Intoxicated, DUID (Driving Under the Influence of Drugs) or BWI (Boating While Intoxicated)? ☐ Yes ☐ No

(NOTE: For the purposes of this document, a conviction is any finding or plea of guilty in any court of law, even if: 1) parole, probation, or community supervision is granted and/or successfully completed; 2) deferred adjudication is granted; 3) the person is later pardoned for the offense, or the original charge is dismissed, UNLESS the pardon or dismissal, or a court-ordered expungement, is granted expressly for subsequent proof of innocence.)

If yes, provide the following information:

Arrest/Charge Date	Arresting Agency	Court of Conviction	Conviction Date	Disposition	Cause No.

SECTION F: Civil and Criminal Record

Have you ever been sued in a civil court? ☐ Yes ☐ No

If yes, explain (Give cause number, court, dates, city, county and state where suit was filed, names of all people involved, what you were sued for and the final outcome of the litigation):

Have you **ever** been investigated, arrested, or charged by any law enforcement agency or prosecutor's office, or convicted by any court with any misdemeanor (Class A, B, & C) or felony offense? (Include any Parks & Wildlife violations, TABC violations, or violations from other agencies. Do not include traffic offenses.):

☐ Yes ☐ No

(NOTE: For the purposes of this document, a conviction is any finding or plea of guilty in any court of law, even if: 1) parole, probation, or community supervision is granted and/or successfully completed; 2) deferred adjudication is granted; 3) the person is later pardoned for the offense, or the original charge is dismissed, UNLESS the pardon or dismissal, or a court-ordered expungement, is granted expressly for subsequent proof of innocence.)

If yes, provide the following information: Attach additional pages if needed.

1. Date of Investigation, Charge or Arrest: _____

Investigating or charging agency: _____

Accusation or Charge: _____ Offense Class: ☐ Felony ☐ Misdemeanor

Court: _____ County: _____ State: _____

Cause Number: _____ Disposition: _____ Date: _____

Provide detailed information about the circumstances of the item listed above:

2. Date of Investigation, Charge or
Arrest: _____

Investigating or charging
agency: _____

Accusation or Charge: _____ Offense Class: ☐ Felony ☐ Misdemeanor

Court: _____ County: _____ State: _____

Cause Number: _____ Disposition: _____ Date: _____

Provide detailed information about the circumstances of the item listed above:

3. Date of Investigation, Charge or
Arrest: _____

Investigating or charging
agency: _____

Accusation or Charge: _____ Offense Class: ☐ Felony ☐ Misdemeanor

Court: _____ County: _____ State: _____

Cause Number: _____ Disposition: _____ Date: _____

Provide detailed information about the circumstances of the item listed above:

SECTION G: Family and Marital History

Marital Status (check all applicable choices):

☐ Single ☐ Engaged ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

If currently engaged, or engaged in the last **12 months**:

Fiancé's Name: _____ Phone Number: _____

Address: _____
Street Address City State Zip Code

If currently married:

Spouse's Name: _____ Occupation: _____

Spouse's maiden name or other names known by: _____

Date of Marriage: _____ City, County, State of Marriage: _____

If divorced, legally annulled, or legally separated and not identified above:

1. Ex-Spouse's Name: _____ Phone Number: _____

Maiden name or other names known by: _____

Address: _____
Street Address City State Zip Code

If divorced, legally annulled, or legally separated and not identified above:

2. Ex-Spouse's Name: _____ Phone Number: _____

Maiden name or other names known by: _____

Address: _____
Street Address City State Zip Code

If divorced, legally annulled, or legally separated and not identified above:

3. Ex-Spouse's

Phone Number:

Name:

Maiden name or other names known
by:

Address:

Street Address

City

State

Zip Code

Provide the information requested above for every marriage, engagement, or divorce or legal separation not covered above:

Have you **ever** been ordered by a court to pay child support or alimony?: ☐ Yes ☐ No

If yes, provide the following information:

County

State

Court

Cause Number

Amount Ordered

Has your pay **ever** been garnished for non-payment of court ordered child support or alimony?: ☐ Yes ☐ No

If yes, provide dates:

List **ALL** children related to you and your current spouse and/or ex-spouse (include adopted, biological, step and foster children): Attach additional pages if needed.1. Full Name: _____ Gender: ☐ Male ☐ Female

Date of Birth: _____ Living with: _____

Address:

Street Address

City

State

Zip Code

2. Full Name: _____ Gender: ☐ Male ☐ Female

Date of Birth: _____ Living with: _____

Address:

Street Address

City

State

Zip Code

3. Full Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth: _____ Living with: _____			
Address: _____			
Street Address	City	State	Zip Code

4. Full Name: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			
Date of Birth: _____ Living with: _____			
Address: _____			
Street Address	City	State	Zip Code

If any of the above children are not currently living with you, explain why:

List **ALL** other persons currently living in your household:

Full Name	Relationship	Age

List **ALL** other family members **not mentioned above**: List them in the following order: father, mother, sisters and brothers. Indicate if deceased. Attach additional pages if needed.

1. Full Name: _____ Relationship: <u>Father</u>	
Date of Birth: _____	Phone Number: _____
Address: _____	
Street Address	City
State	Zip Code

2. Full Name: _____ Relationship: <u>Mother</u>	
Date of Birth: _____	Phone Number: _____
Address: _____	
Street Address	City
State	Zip Code

3. Full Name: _____ Relationship: _____			
Date of Birth: _____		Phone Number: _____	
Address: _____			
Street Address	City	State	Zip Code

4. Full Name: _____ Relationship: _____			
Date of Birth: _____		Phone Number: _____	
Address: _____			
Street Address	City	State	Zip Code

5. Full Name: _____ Relationship: _____			
Date of Birth: _____		Phone Number: _____	
Address: _____			
Street Address	City	State	Zip Code

6. Full Name: _____ Relationship: _____			
Date of Birth: _____		Phone Number: _____	
Address: _____			
Street Address	City	State	Zip Code

7. Full Name: _____ Relationship: _____			
Date of Birth: _____		Phone Number: _____	
Address: _____			
Street Address	City	State	Zip Code

SECTION Financial History (Attach Credit Report as directed in the instructions) H:			
Have you ever had property repossessed: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been referred to a collection agency, had charge-offs on accounts or loans, or filed for bankruptcy? : <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever experienced significant financial problems that would affect your ability to be a peace officer?: <input type="checkbox"/> Yes <input type="checkbox"/> No			

If yes to any of the above, explain: Attach additional pages if needed.

List **ALL** sources of income **other than** your current employment: **Do not include any income received as disability compensation.** Attach additional pages if needed.

SECTION I: Memberships and Clubs

List your membership in **ALL** organizations and clubs in the last 10 years: **Do not name religious organizations or religious affiliations, but you can include volunteer work performed and/or projects associated with these organizations.** Attach additional pages if needed.

Name	Address	Positions Held	From	To
------	---------	----------------	------	----

List **ALL** volunteer work or service work you have performed with service organizations in the last 10 years:

Types of Service	Organization	Dates	Contact Person
------------------	--------------	-------	----------------

SECTION J: Alcohol and Drug History

Describe your current use of alcoholic beverages:

Have you used marijuana in the past 5 years?: ☐ Yes ☐ No

If yes, describe frequency of use:

Have you ever used controlled substances such as hallucinogenics, cocaine, heroin, or any other illegal drug, any drug not prescribed by your physician, or have you ever abused any drug prescribed by a physician or over-the-counter medication?: ☐ Yes ☐ No

If yes, full explain, identifying the substance(s) involved, date(s), names of other persons involved and circumstances surrounding each incident.

Have you **ever** illegally used inhalants, such as glue, paint, gasoline, or other substances?: ☐ Yes ☐ No

If yes, full explain, identifying the substance(s) involved, date(s), names of other persons involved and circumstances surrounding each incident.

Have you **ever** illegally possessed with intent to deliver, manufactured, sold, or furnished marijuana, controlled substances, inhalants, or other illegal or prescription drugs to another person?: ☐ Yes ☐ No

If yes, full explain, identifying the substance(s) involved, date(s), names of other persons involved and circumstances surrounding each incident.

SECTION K: Work History

Have you **ever** been employed by the Texas Parks and Wildlife Department?: ☐ Yes ☐ No

If yes, provide the following information:

Employment Dates: _____ Division Assigned: _____

Immediate Supervisor: _____ Phone Number: _____

Job Duties:

Reason for leaving: _____

Have you **ever** been 1) fired from a job, 2) asked by your employer to resign, or 3) voluntarily resigned from a job to avoid disciplinary punishment?: ☐ Yes ☐ No

If yes, give details:

In the last **10 years**, has any employer taken formal disciplinary action against you?: ☐ Yes ☐ No

If yes, give specific details as to the employer's name, name of immediate supervisor taking disciplinary action(s), date(s) and type(s) or disciplinary action(s), reasons for disciplinary action(s) being taken and outcomes: Attach additional pages if needed.

List **ALL** employment in the **last 10 years**, beginning with you most current job and working back. **Attach a copy of the last performance evaluation received from each company listed (if no evaluation are attached explain why.** Attach additional pages if needed.

1. Company Name: _____

Employment From To: Phone Number:
Dates: : _____ _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Supervisor's
Name: _____

Job Duties: _____

Awards Recognition Received: _____

Disciplinary Actions Received: _____

Performance Evaluation Attached: ☐ Yes ☐ No

If no, explain why: _____

Reason for leaving: _____

2. Company Name: _____

Employment From To: Phone Number:
Dates: : _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Supervisor's
Name: _____

Job Duties: _____

Awards Recognition Received: _____

Disciplinary Actions Received: _____

Performance Evaluation Attached: ☐ Yes ☐ No

If no, explain why: _____

Reason for leaving: _____

3. Company Name: _____

Employment From To: Phone Number:
Dates: : _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Supervisor's
Name: _____

Job Duties: _____

Awards Recognition Received: _____

Disciplinary Actions Received: _____

Performance Evaluation Attached: ☐ Yes ☐ No

If no, explain why: _____

Reason for leaving: _____

4. Company Name: _____

Employment From To: Phone Number:
Dates: : _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Supervisor's
Name: _____

Job Duties: _____

Awards Recognition Received: _____

Disciplinary Actions Received: _____

Performance Evaluation Attached: ☐ Yes ☐ No

If no, explain why: _____

Reason for leaving: _____

5. Company Name: _____

Employment From To: Phone Number:
Dates: : _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Supervisor's
Name: _____

Job Duties: _____

Awards Recognition Received: _____

Disciplinary Actions Received: _____

Performance Evaluation Attached: ☐ Yes ☐ No

If no, explain why: _____
Reason for leaving: _____

6. Company Name: _____

Employment From To: Phone Number:
Dates: : _____ _____ _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Supervisor's
Name: _____

Job Duties: _____

Awards Recognition Received: _____

Disciplinary Actions Received: _____

Performance Evaluation Attached: ☐ Yes ☐ No

If no, explain why: _____

Reason for leaving: _____

7. Company Name: _____

Employment From To: Phone Number:
Dates: : _____ _____ _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Supervisor's
Name: _____

Job Duties: _____

Awards Recognition Received: _____

Disciplinary Actions Received: _____

Performance Evaluation Attached: ☐ Yes ☐ No

If no, explain why: _____
Reason for leaving: _____

8. Company Name: _____

Employment From To: Phone Number:
Dates: : _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Supervisor's
Name: _____

Job Duties: _____

Awards Recognition Received: _____

Disciplinary Actions Received: _____

Performance Evaluation Attached: ☐ Yes ☐ No

If no, explain why: _____

Reason for leaving: _____

9. Company Name: _____

Employment From To: Phone Number:
Dates: : _____

Address: _____
Street Address City State Zip Code

Job Title: _____ Supervisor's
Name: _____

Job Duties: _____

Awards Recognition Received: _____

Disciplinary Actions Received: _____

Performance Evaluation Attached: ☐ Yes ☐ No

If no, explain why: _____

Reason for leaving: _____

SECTION L: Law Enforcement Background

Do you currently have a Texas Peace Office License?: ☐ Yes ☐ No

Have you **ever** attended a law enforcement or correctional officer training academy or basic training?:
☐ Yes ☐ No

If yes, list all academies or basic training facilities below:

Dates	From	To:	Academy Name:
Attended:	:	_____	_____

Address:	_____	_____	_____	_____
	Street Address	City	State	Zip Code

Phone Number: _____ Completed: ☐ Yes ☐ No

Type of TCOLE license issued
and TCOLE PID #: _____

Dates	From	To:	Academy Name:
Attended:	:	_____	_____

Address:	_____	_____	_____	_____
	Street Address	City	State	Zip Code

Phone Number: _____ Completed: ☐ Yes ☐ No

Type of TCOLE license issued: _____

Dates	From	To:	Academy Name:
Attended:	:	_____	_____

Address:	_____	_____	_____	_____
	Street Address	City	State	Zip Code

Phone Number: _____ Completed: ☐ Yes ☐ No

Type of TCOLE license issued: _____

If academy or basic training not completed, explain why:

Have you **ever** been formally disciplined while attending a law enforcement or correctional officer training academy or basic training facility?: ☐ Yes ☐ No

If yes (and not described above) give complete details, name of agency and name of immediate supervisor involved:

While employed as a cadet/trainee or in **any** capacity by **any** law enforcement or correctional agency, did you ever 1) voluntarily resign or take another position to avoid disciplinary action, or 2) voluntarily resign or take another position while under investigation, but prior to a final determination, to avoid disciplinary action?

☐ Yes ☐ No

If yes (and not described above) give complete details, name of agency and name of immediate supervisor involved:

Have you **ever** had any peace officer or correctional officer license or certification denied, revoked, or suspended?: ☐ Yes ☐ No

If yes, give specific details as to date of denial, revocation or suspension, reasons given by licensing or certifying agency for such action and details surrounding the event or situation that led to denial, revocation, or suspension:

Do you have a peace officer or correctional officer license or certification currently under voluntary surrender?:

☐ Yes ☐ No

If yes, give specific details as to dates of voluntary surrender, reasons for such action and the events or circumstances that led to this action:

List **all** law enforcement, including Texas Parks and Wildlife, and/or corrections agencies with who you have applied for a position as a law enforcement officer or jailer/correctional officer in the **last 5 years**.

Agency Name: _____ Date Applied: _____
Address: _____
Street Address City State Zip Code
Position Sought: _____ Reason not hired: _____

Agency Name: _____ Date Applied: _____
Address: _____
Street Address City State Zip Code
Position Sought: _____ Reason not hired: _____

Agency Name: _____ Date Applied: _____
Address: _____
Street Address City State Zip Code
Position Sought: _____ Reason not hired: _____

SECTION M: References

List **five** references who can provide information relating to your ability to be a commissioned peace officer. **Do not list relatives or persons previously listed in this document (i.e. previous employers, landlords, etc.).**

Name	Complete Address	Cell/Home Phone	Years Known
------	------------------	-----------------	-------------

Carefully read the following certification statement before signing this document.

I hereby **CERTIFY** that my statements in this application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification, concealment or omission of any information may disqualify me from employment, bar me from consideration for employment, remove my name from any hiring or eligibility list or, if I have been employed, may cause my dismissal from the Texas Parks and Wildlife Department. I also agree that all statements made on this application may be investigated and/or verified to the satisfaction of the Law Enforcement Division of Texas Parks and Wildlife. **Any** Texas Parks and Wildlife employee involved in my background investigation may speak to **any** individual listed above, and may collect and examine **any** documents, facts or other information which may tend to corroborate, refute or add to the clarity of **any** statements I have made above.

Printed Name of Applicant

Signature of Applicant

Date Signed